In the Claims

1-10. (Cancelled)

11. (Presently Amended) A method for reversal of drug-induced neuromuscular block in a patient caused by a ~~depolarizing or non-depolarizing~~ clinically-used neuromuscular blocking agent which act by reversible binding to acetylcholine receptor ~~without causing an increase in the level of acetylcholine~~, comprising:

parentally administering to said patient an effective amount of a chemical chelator capable of forming a guest-host complex with the neuromuscular blocking agent inducing the neuromuscular block in the patient.

12. (Presently amended) The method according to claim 11, wherein the clinically-used neuromuscular blocking agent is selected from the group consisting of rocuronium, vecuronium, pancuronium, rapacuronium, mivacuriam, (cis)atracuriam, tubocurarine or suxamethonium.

13. (Previously Presented) The method according to claim 11, wherein the chemical chelator is selected from the group consisting of cyclic oligosaccarides and cyclophanes.

14. (Previously Presented) The method according to claim 11, wherein the neuromuscular blocking agent is rocuronium and the chemical chelator is γ-cyclodextrin or a derivative thereof.

15. (Canceled).

16. (Canceled).

17. (Canceled).

18. (Canceled).

19. (Canceled).

20. (Previously Presented) The method according to claim 11, wherein the chemical chelator is γ-cyclodextrin or a derivative thereof.

21. (New) A method for reversal of drug-induced neuromuscular block in a patient caused by a clinically-used depolarizing or non-depolarizing neuromuscular blocking agent, comprising:

parentally administering to said patient an effective amount

of a chemical chelator capable of forming a guest-host complex with the neuromuscular blocking agent inducing the neuromuscular block in the patient.

22. (New) The method according to claim 21, wherein the clinically-used neuromuscular blocking agent is selected from the group consisting of rocuronium, vecuronium, pancuronium, rapacuronium, mivacuriam, (cis)atracuriam, tubocurarine or suxamethonium.

23. (New) The method according to claim 21, wherein the chemical chelator is selected from the group consisting of cyclic oligosaccarides and cyclophanes.

24. (New) The method according to claim 21, wherein the neuromuscular blocking agent is rocuronium and the chemical chelator is γ-cyclodextrin or a derivative thereof.

25. (New) The method according to claim 21, wherein the chemical chelator is γ-cyclodextrin or a derivative thereof.

26. (New) A method for reversal of drug-induced neuromuscular block in a patient having surgery caused by a

surgical anesthesia neuromuscular blocking agent, comprising:

parentally administering to said patient an effective amount of a chemical chelator capable of forming a guest-host complex with the neuromuscular blocking agent inducing the neuromuscular block in the patient having surgery.

27. (New) The method according to claim 26, wherein the surgical anesthesia neuromuscular blocking agent is selected from the group consisting of rocuronium, vecuronium, pancuronium, rapacuronium, mivacuriam, (cis)atracuriam, tubocurarine or suxamethonium.

28. (New) The method according to claim 26, wherein the chemical chelator is selected from the group consisting of cyclic oligosaccarides and cyclophanes.

29. (New) The method according to claim 26, wherein the surgical anesthesia neuromuscular blocking agent is rocuronium and the chemical chelator is γ-cyclodextrin or a derivative thereof.

30. (New) The method according to claim 26, wherein the chemical chelator is γ-cyclodextrin or a derivative thereof.